DOCUMENT RESUME

ED 052 369 VT 013 551

TITLE	A National Effort for the Physically Handicapped.
INSTITUTION	President's Task Force on the Physically Handicapped, Washington, D.C.
PUB DATE	Jul 70
NOTE	41p.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (PR 37.8:P56/R29, $.25)
EDRS PRICE	EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS	Community Role, *Educational Needs, Government Role, *Manpower Development, *Physically Handicapped, Program Effectiveness, Program Evaluation, *Program Improvement, *Reports

ABSTRACT

The mission of this Task Force was to review what the public and private sectors are now doing for physically handicapped Americans and to recommend what might be done to improve services and programs. Specifically, the Task Force was to provide an overview of problems faced by handicapped people in order to determine how best to assist them in achieving maximum independence, security, and dignity. To accomplish this mission the Task Force was to: (1) consider the effectiveness of existing programs, (2) recommend methods for improving the quality of services and the coordination of these programs, (3) propose ways for increasing community awareness and action in the interest of the handicapped, and (4) develop recommendations for legislation or executive governmental action, and suggest how private and voluntary groups could pursue more effectively their efforts to aid the handicapped. The findings and recommendations of this Task Force are presented in this document. (Author/BH)

ED052369

A NATIONAL EFFORT FOR THE PHYSICALLY HANDICAPPED

The Report of
The President's Task Force on
The Physically Handicapped

July 1970

VT013551

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VT 018 561

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 25 cents

THE PRESIDENTIAL TASK FORCE ON THE PHYSICALLY HANDICAPPED
Washington, D.C. 20201

February 10, 1970

The President
The White House
Washington, D. C. 20500

Dear Mr. President:

I have the honor of transmitting to you herewith the final report of the Presidential Task Force on the Physically Handicapped.

Since its establishment in October 1969, the Task Force has held six formal sessions, has heard presentations from representatives of governmental and private agencies, and has solicited comments and recommendations from numerous voluntary and professional groups in an effort to develop a report which could prove useful in planning for improved services and better coordinated programs for the physically handicapped people of our country.

As Chairman, I should like to praise the members of the Task Force for the dedication and distinction with which they have served. It is our earnest hope that the document we are forwarding to you will serve as a foundation for improving the quality of living for large numbers of physically handicapped Americans. Our gratitude goes to Dr. Charles L. Clapp, Special Assistant to the President, the White House, for his helpful consultation and for the special efforts he has made to meet with the Task Force.

I wish as well to convey to you personally, Mr. President, our deep appreciation for your concern for the nation's physically handicapped people, and for the high honor you have bestowed on the members of this Task Force by calling upon us to prepare this report.

Sincerely yours,

Ralph E. DeForest

Ralph E. DeForest, M.D.
Chairman

Enclosure

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OCTOBER 15, 1969

The White House

The President today announced the establishment of another in the present series of Task Forces to assist the Administration with ideas and recommendations for 1970 and beyond. Ralph E. De Forest, Director of the Department of Postgraduate Programs of the American Medical Association, will be chairman of the Task Force on Problems of the Physically Handicapped. The Task Force will review what the public and private sectors are now doing for handicapped Americans, and make recommendations as to how best to achieve maximum help for the affected individual. Besides evaluating the effectiveness of present assistance programs for the handicapped, the task force will consider how community awareness and actions might be increased in the interest of the handicapped.

The members of the Task Force on Problems of the Physically Handicapped are:

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Foreword

The mission of the Presidential Task Force on the Physically Handicapped, which had its initial meeting on October 11, 1969, was to review what the public and private sectors are now doing for physically handicapped Americans, and to recommend what might be done in the future to improve services and programs. The Task Force was to provide an overview of problems faced by our handicapped people in order to determine how best to assist them in achieving maximum independence, security, and dignity. To accomplish this mission the Task Force was to: (1) consider the effectiveness of existing programs for the handicapped operated by both governmental and private voluntary agencies; (2) recommend methods for improving the quality of services and the coordination of these programs; (3) propose ways for increasing community awareness and action in the interest of the handicapped; and (4) develop recommendations for legislation or executive governmental action, and suggest how private and voluntary groups could pursue more effectively their efforts to aid the handicapped.

In the course of its deliberations, the Task Force heard presentations by representatives of a number of public and voluntary agencies concerned with the physically handicapped. Regrettably, time limitations prevented the invitation of spokesmen from additional agencies to appear before the Task Force. Letters soliciting written comments and recommendations were, however, sent to more than 80 voluntary and governmental agencies. The response to these letters was excellent, and the information thus obtained proved most helpful in the preparation of this report.

While the Task Force recognized the desirability of citing the special needs of certain categorical disability groups, there was not the opportunity for conducting the type of in-depth study necessary for the development of meaningful recommendations in each of these specific areas of disability. A more feasible approach was to develop generic recommendations which, the Task Force believes, are applicable to all of the physically handicapped.

That the Task Force was able to complete its assignment and submit a report on schedule is attributable to the splendid cooperation received from many private and public groups. Deep appreciation is expressed here to all of the individuals and agencies who contributed to this effort to improve the quality of services and the coordination of programs for the physically handicapped people of our country.

Introduction

In accomplishing its mission, the Task Force has devoted primary attention to reviewing the problems encountered by the physically handicapped in seeking services to meet their comprehensive needs, and to developing recommendations which should improve the quality and coordination of these services. While neither present day knowledge nor resources will permit the achievement of a normal life for *all* of the physically handicapped, we are confident that the existing resources, if better utilized, can permit a much fuller and more productive life for far more handicapped people in the immediate future. Unfortunately, the number of physically handicapped persons of all ages is increasing at a rate faster than our present ability to meet their needs.

Magnitude and Nature of the Problem

Precise information concerning the numbers, location, and categories of the physically handicapped, as well as the extent of their needs for services, is not available. This is a result of differences in definitions, survey methods utilized, time periods for which data were accumulated, and in the population groups studied. The following Table lists the best estimates that the Task Force was able to obtain from a careful analysis of existing statistical studies.

Of an estimated total of 25,620,000 physically handicapped individuals, at least 20 million are judged to be in need of services of some type because of their disabling conditions. This figure must be viewed as minimal, since it has been based largely on studies made several years ago, and no attempt has been made to allow for population increases. It includes the following disability categories: musculo-skeletal, cardiovascular, respiratory, digestive, genito-urinary, endocrine, central nervous system, hearing, vision, neoplasms and other unspecified physically disabling conditions. Among the 20 million requiring services, there are approximately 13.9 million people with major limitations, including inability to work, keep house, or engage in preschool or school activities. About 5 million of them would be in need of, and eligible for, services through the public program of vocational rehabilitation.

Physically Handicapped People in the United States

Age groups	*Estimated total number*	*Estimated number needing services*
0–4 years	[1] 270, 000	270, 000
5–19 years	[2] 3, 660, 000	3, 660, 000
20–64 years	[3] 15, 000, 000	10, 000, 000
65+	[4] 6, 690, 000	6, 070, 000
Total	25, 620, 000	20, 000, 000

[1] Based on 1966 reports from State Crippled Children's Programs to Maternal and Child Health Service, Health Services and Mental Health Administration, U.S. Department of Health, Education, and Welfare.

[2] Based on 1967–68 Statewide Annual Reports on Special Education Programs (Title VI–A, Elementary and Secondary Education Act) to the U.S. Office of Education.

[3] Based on 1966 *Social Security Administration* Survey of the Disabled, U.S. Department of Health, Education, and Welfare.

[4] Based on *Chronic Conditions Causing Activity Limitation* (for 1966 National Center for Health Statistics, Public Health Service, U.S. Department of Health, Education, and Welfare).

The only studies available of those receiving needed services and those not receiving services were conducted by public programs.[1] They indicated that 2.5 million were being served and that 6.7 million were in need of services but not receiving them. These data do not include the estimated 6 million disabled individuals over age 65 who are in need of services.

Our hope is that the 1970 census and follow-up surveys related to it will produce valid estimates of the incidence of disability in the United States. Such data should greatly facilitate planning for the provision of comprehensive services for the nation's handicapped people.

The Task Force has chosen to examine the current problems of the handicapped from the perspective of the individual and his family. For many of the handicapped the situation is critical because they either lack access to the assistance they need, or experience prolonged delays in receiving help. This is a consequence of a variety of problems which, although easy to enumerate, are difficult to resolve.

Policies and procedures of multiple agencies at all levels of government tend to be complex and are confusing to the handicapped person in need of services. Governmental programs may lack coordination with each other, and with private or voluntary agencies engaged in providing services for handicapped people. Programs have diverse eligibility requirements. For example, the place of residence, the age

[1] Based on studies conducted by Crippled Children's, Special Education, and Vocational Rehabilitation Public Programs.

of the person, the cause of a handicapping condition, or the probability of the attainment of a service objective may be the basis for eligibility. Such varying eligibility criteria may bear little real relationship to the actual service needs of the disabled individual.

Programs and facilities for the handicapped are beset with many serious problems. There is virtually no consumer representation or advocacy in the planning or evaluation of services. There is an irregular and uncertain pattern of financing which can impede program expansion, the provision of quality services, and the development of professional staff and physical resources. Escalating costs and highly competitive recruitment for personnel are also problems. Uneven geographical distribution of resources for the handicapped can result in the over or under utilization of programs and facilities.

The handicapped person's potential for benefits from specialized services and the need for early referral may not be recognized. Medical needs cannot be separated from other service needs. A related problem exists in that health and disability insurance coverage may not be sufficiently comprehensive to permit reimbursement for all necessary rehabilitation services.

The magnitude of the problems of the nation's handicapped and the complexity of the constructive actions needed to resolve these problems call for a greatly expanded partnership of the public and private agencies dedicated to the provision of comprehensive services for physically handicapped people.

The Task Force recommendations are based on a deep concern for all physically handicapped individuals from infancy through old age. We realize that the problems of those handicapped by mental impairment, or by social, economic, or cultural factors cannot be isolated from the problems of the physically disabled. Thus we believe that these recommendations can help point the way to brighter tomorrows for all handicapped people.

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Major Recommendations

This Section of the report contains a digest of the major Task Force recommendations. The major, as well as collateral recommendations, their related problems, and supporting information are contained in Section III, Findings and Recommendations. The Task Force hopes this report can serve as a foundation for the attainment of national objectives directed toward the most efficient utilization, expansion, and improvement of existing governmental and private services, as well as for the creation of new services and methods of meeting the needs of the handicapped.

A National Commitment

The social, economic and political impact on the nation of limitations in daily living, health, education, and employment of 20 million physically handicapped Americans cannot be ignored. The magnitude of the needs of the present and steadily increasing numbers of these handicapped people should be of the most serious concern to government at all levels and to the citizens of this nation.

The Task Force strongly recommends that there be a Presidential declaration of a National commitment to serve physically handicapped Americans of all ages.

Coordination: A National Advisory Group

Because of the incomprehensible multitude of programs for the handicapped, administered by governmental agencies at all levels, action must be taken to review their objectives and to develop recommendations for their improvement and coordination. Such action would be of inestimable value in helping carry out a National commitment to the handicapped.

Therefore, the Task Force believes it essential that a Presidential Advisory Group be established, composed of knowledgeable representatives from management, labor, the concerned professions, and the handicapped themselves. The functions of this Advisory Group should include the continuing review and evaluation of all public programs for the handicapped, with the aim of advising the President on the most appropriate measures for improving the quality, comprehensiveness, and coordination of services in these programs.

Public Information and Reporting

Few Americans are aware of the capabilities and extent of services of modern public and private programs for the handicapped. Also, there is inadequate reporting on the incidence of handicapping conditions, and the results of services to the handicapped.

a. Comprehensive public information and education programs should be developed to enlighten the nation about the accomplishments of the handicapped, and to inform both the public and special groups regarding the nature of disability as well as the opportunities available to the handicapped through governmental and private services.

b. A central, national and regional information reception and distribution network, using modern communications techniques, is needed to provide a source of information at the national, State and local level regarding services for all handicapped individuals. The network should obtain precise statistical information on the nature and extent of handicapping conditions as they exist in the United States.

Funding

The levels, the timing, and the complexities of Federal authorizations and appropriations make advance planning difficult, cause inefficiency in program operations, and impair the provision of services to the handicapped through such Federal programs as vocational rehabilitation, special education, handicapped children, maternal and child health, and employment.

a. Appropriations for programs for the physically handicapped should be funded at authorized levels.

b. Appropriations for programs for the handicapped should be made in advance of the fiscal year in which they are to be used.

c. The Bureau of the Budget should study the various funding sources for the numerous programs for the handicapped and recommend consolidation, clarification, or elimination where appropriate.

d. The Social Security Act should be amended to permit, under Regulations by the Secretary of Health, Education, and Welfare, an allowance not to exceed five percent of the disability benefit trust fund to be spent for the rehabilitation of disabled beneficiaries.

Insurance

There is urgent and immediate need for the extension of private insurance coverage to assist the handicapped in all phases of their rehabilitation, and to ensure adequate personal insurance coverage.

We urge early formation of a National Presidential Task Force composed of insurance representatives, public agency representatives, business management, labor officials, and handicapped persons to evaluate present insurance practices affecting the physically handicapped, define problem areas, and suggest specific solutions. Such a Task Force should report its findings and recommendations to the President as promptly as possible.

Handicapped Children

Adequate attention to the needs of the nation's handicapped children requires better coordination and extension of existing services. A basic concept in reducing the deleterious effects of impairment is attention to the problem at its earliest stage.

a. The Task Force recommendation above regarding a National commitment for all handicapped, and the creation of a Presidential advisory group for the handicapped should be of great benefit to the handicapped child. In addition, each State should be encouraged to create an advisory group to assist State agencies in the development of coordinated, exemplary health, educational, social, family, and vocational guidance programs for handicapped children.

b. Early detection and management of impairment, training, and family counseling prevent or minimize disability. Federal support should be provided to State and local educational districts to initiate and main-

tain public and private programs in preschool education of handicapped children.

c. Success of health care and training of a handicapped child depends to a great extent upon the attitude of the parents or those who substitute for the parents. So that parents may make a maximum contribution to the emotional, physical, and educational growth of their handicapped child, we urge that programs be developed and supported which will provide parents, or their substitutes, with an understanding and acceptance of the child's handicap and provide training in methods of care, education, and rehabilitation of the child.

d. The needs for vocational education of handicapped youth are so great, and the opportunities still so limited, that attempts should be made to accelerate and support the participation of Federal, State, and local governmental agencies as well as private facilities in vocational education programs for handicapped youth.

e. The term "crippled children" as traditionally used in governmental programs is too limited in its meaning and has undesirable connotations. Present day services to "crippled children" should include far more impairment categories than ever before. The term "handicapped children" should replace the term "crippled children" in such programs. The Federal legislation relative to Crippled Children's Services (Title V of the Social Security Act) should be amended to replace the term "crippled children" with "handicapped children."

f. In order to ensure national uniformity of eligibility for services, the Federal legislation relative to Crippled Children's Services (Title V of the Social Security Act) should include a specific definition of the "crippled child" ("handicapped child" as stated in recommendation *e* above) that would be mandatory upon the States, and a statement of minimal services that must be available to the "crippled child" to qualify for Federal funds.

g. The White House Conference on Children and Youth scheduled for December 1970 should consider the problems of physically handicapped children and youth, and the services they need.

Architectural and Transportation Barriers

Architectural and transportation barriers continue to be a major impediment to the mobility of the handicapped.

a. There should be rigorous enforcement of present legislation for the elimination of architectural barriers from all Federally funded construction.

b. There should be established, through legislation if necessary, a National Commission on Transportation and Housing of the Handicapped, to study ways and means of alleviating the burdens of increased costs and inaccessibility imposed upon persons with severe handicaps in travel, housing, and in places of employment, schools, and public buildings.

c. A Federal Interdepartmental Coordinating Council should be created to unify and pursue aggressively the Federal effort to eliminate architectural and transportation barriers and thus complement the activities of the National Commission.

Research

Continuing research promotes and perpetuates progress in all areas of accomplishment for the handicapped. It is essential to minimize the time lapse between conducting studies and translating the useful results of such studies into action. There is urgent need to increase research on the problems of improving the delivery of quality services to the handicapped.

a. An intensive effort should be made to put into practice, on a wide scale, those innovative approaches to service for the handicapped which have proven successful on an experimental basis.

b. The present International rehabilitation research programs should be expanded to increase the dollar amounts of these programs in countries presently participating; and the feasibility of extending this program into selected nonexcess foreign currency countries should be explored.

Aging—The Handicapped Elderly

One of the major challenges of our time is to enable older Americans to participate in the many benefits of a prosperous nation. For those members of the population that are both old and disabled the task is particularly difficult.

a. Medicare should be extended to include the cost of prescription drugs, eye care, hearing aids, orthotic and prosthetic appliances, wheel chairs, and other assistive devices.

b. Governmental programs such as Medicare and Medicaid should provide reimbursement to a greater extent for rehabilitation services,

and require more comprehensive rehabilitation services in hospitals and nursing homes as a condition for participation in the program.

c. The Social and Rehabilitation Service Administration, U.S. Department of Health, Education, and Welfare, should be urged to provide leadership in the expansion and intensification of rehabilitation services to the older handicapped population.

d. The White House Conference on Aging scheduled for 1971 should consider rehabilitation of the aging as one of its major themes.

e. Employment of handicapped older persons should be encouraged through public education, and cooperative efforts with private industry.

Prevention

It is essential that greater progress be made in preventing disability, and in reducing the handicapping effect of disabling conditions. Early detection and prompt treatment of congenital and developmental defects, education in public safety, and the reduction of industrial hazards are but a few areas in which intensified efforts must be made.

a. Early casefinding and initiation of service minimize the development of severe handicaps. The Department of Health, Education, and Welfare, should exert leadership in devising means of early detection of disabling conditions through cooperative efforts with schools, hospitals, the health professions, and voluntary agencies.

b. The mitigation of birth injury in the education of new mothers regarding the importance of early care for the impaired infant can be assisted through continued and expanded maternal and child health programs of both governmental and private agencies.

c. Emphasis should be placed on safety programs and the improvement of emergency care to accident victims in industry, the home, on the highways and in recreational areas. This would reduce the number of handicapped people in the future.

d. Further effort should be made to assure that professional and public educational programs include information on the importance of the detection of handicapping conditions, and the early initiation of rehabilitation procedures.

Manpower

The Task Force review of the projected manpower needs was based on information received from many different sources. It seems unrealis-

tic to expect that such large projected needs for professional and paraprofessional personnel can be met in the near future. Therefore, educational efforts require special priority and experimentation in the more efficient utilization of personnel. The usage of paraprofessional personnel should also be expanded.

a. The Federal Government should encourage all agencies, governmental and private, to reexamine the projected needs and present utilization of professional and paraprofessional manpower. This reexamination should also consider means of assuring the most efficient use of personnel and should study concurrently the feasibility of greater use of paraprofessional personnel.

b. Voluntary and community workers, as well as members of the handicapped person's family, should be utilized extensively to assist in providing services to the handicapped.

Facilities and Programs

Facilities and programs of many diverse types are indispensable resources in providing health, training, evaluation, social and other services to the physically handicapped.

a. There is need for more intensive utilization of existing facilities and programs and the creation of additional service facilities and special programs. Decisions regarding the establishment of various types of facilities and services should be based on demonstrated community, State, or regional needs.

b. Employment and training opportunities for the handicapped can be increased by encouraging the expansion of sheltered workshop programs operated with the close support and cooperation of industry.

Employment of the Physically Handicapped

A major national goal must be to assure handicapped persons the opportunity for employment at a level commensurate with their abilities. This level may be employment in competitive business and industry, in a workshop, in a homebound situation or in homemaker activities. More than money, security and material benefits, a job means dignity, self-respect and a sense of contributing to society.

a. Steps should be taken by government, labor and industry to expand and upgrade homebound employment and sheltered workshop programs

for the severely handicapped. There should be a comprehensive review of home work laws in the various States with a view to revising those laws that inhibit or interfere with productive homebound employment.

b. More on-the-job training opportunities for the physically handicapped should be made available in manpower training programs within public employment and private industry through government-sponsored incentives.

c. Steps should be taken at a high Federal level to improve cooperation between Federally supported State employment effective job development and job placement for persons who are severely physically handicapped.

d. The State workmen's compensation laws should be studied to learn the extent to which present laws create barriers to the employment of the handicapped, and appropriate amendments developed to reduce such barriers.

Other Major Areas

To meet the national commitment to serve all the handicapped people in the United States, the following additional recommendations are submitted.

a. The Vocational Rehabilitation Act should be amended to extend rehabilitation services to include all disabled persons regardless of the severity of impairment of their potential for employment.

b. Physically handicapped individuals drawing social security disability benefits can have far greater need for health services than the average American and they usually have less private resources, including insurance coverage. Medicare should be extended to individuals who are receiving cash disability benefits under the Social Security Act.

c. The aid to the permanently and totally disabled Title of the Social Security Act does not adequately define "Permanent and total disability." This Title should contain a definition which will ensure uniform State interpretation of eligibility for benefits.

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Findings and Recommendations

The Task Force hopes this report can serve as a foundation for the attainment of national objectives directed toward the most efficient utilization, expansion, and improvement of existing governmental and private services, as well as for the creation of new services and methods of meeting the needs of the handicapped.

A National Commitment

The social, economic and political impact on the nation of limitations in daily living, health, education, and employment of 20 million physically handicapped Americans cannot be ignored. The magnitude of the needs of the present and steadily increasing numbers of these handicapped people should be of the most serious concern to government at all levels and to the citizens of this nation.

The Task Force strongly recommends that there be a Presidential declaration of a National commitment to serve physically handicapped Americans of all ages.

A more productive and satisfying quality of life is possible for many millions of handicapped people who are not now receiving the services and the help they need. At the present time, however, there are many special problems which complicate the efforts of individuals to achieve that goal. The continued existence of barriers to competitive, sheltered, or homebound employment; the loss of real or potential income due to disability; the high cost of delay in providing assistance; the ever expanding need for personnel to serve the handicapped and the difficulty of recruiting and training adequate numbers; and the welfare cost of dependency are matters monumental in scope. The handicapped citizen's lack of advocacy or representation in influencing our national and community priorities is also a serious disadvantage. The economy of the nation as well as that of the handicapped person and his family is directly affected by all of these conditions.

Difficulties exist in the access of the handicapped to help; and there

is complexity and duplication of services. Services are not uniform and eligibility requirements differ from State to State. Despite the many programs authorized by the Federal government, informational attitudinal barriers have impaired the development of adequate service capabilities at the State and community levels.

There is still evidence of prejudice toward the physically handicapped that is reminiscent of antiquated attitudes toward persons who are "diffent" from the normal. Vestiges of these attitudes are seen in such areas as unequal job opportunities for the disabled, shortages of funds, personnel, and programs to upgrade the disabled, and the stubborn myth that programs for the disabled are basically charity. A national commitment should help to reduce this prejudice.

Fortunately, public acceptance of the physically handicapped has come a long way. It is now possible for many handicapped persons to lead near-normal lives. But much remains to be done to assure that the physically handicapped can partake fully of the fruits of American life. It is recognized, however, that not all physically handicapped persons will be able to enter or return to the full social and economic mainstream of our society; but all can be helped to achieve maximum independence, security and dignity.

A Presidential declaration of a National commitment should have the beneficial effect of stimulating the public to support governmental as well as private and voluntary efforts on behalf of the physically handicapped.

Coordination: A National Advisory Group

Because of the incomprehensible multitude of programs for the handicapped administered by governmental agencies at all levels, action must be taken to review their objectives and to develop recommendations for their improvement and coordination. Such action would be of inestimable value in helping carry out a National commitment to the handicapped.

Therefore, the Task Force believes it essential that a Presidential Advisory Group be established, composed of knowledgeable representatives from management, labor, the concerned professions, and the handicapped themselves. The functions of this Advisory Group should include the continuing review and evaluation of all public programs for the handicapped, with the aim of advising the President on the most appropriate measures for improving the quality, comprehensiveness, and coordination of services in these programs.

The Advisory Group should consider the means of achieving the most effective utilization of national and local resources in meeting the needs of the physically handicapped. The gaps as well as the overlap in services and the eligibility requirements (age, disability category, residence, social and economic categories, and others) should be studied. Also, consideration should be given to the coordination and the relationships of governmental and private programs for the handicapped. Likewise, the fiscal, personnel, and facility resources should be studied.

In conducting its review, the Advisory Group might seek consultation in the fields of social research and systems research. An organization such as the National Research Council may be a useful source of advice on this subject.

Advisory groups should also be established at State and community levels where the services are actually provided. Particular attention at these levels should be given to comprehensive planning for the handicapped, including health services, special education, vocational education, social and family services, vocational rehabilitation, employment, and voluntary activities.

Public Information and Reporting

Few Americans are aware of the capabilities and extent of services of modern public and private programs for the handicapped. Also, there is inadequate reporting on the incidence of handicapping conditions, and the results of services to the handicapped.

a. Comprehensive public information and education programs should be developed to enlighten the nation about the accomplishments of the handicapped, and to inform both the public and special groups regarding the nature of disability as well as the opportunities available to the handicapped through governmental and private services.

The physically handicapped can be helped. We have the know-how and the resources to restore many more of the disabled to productive lives than are being served at present. The tragedy lies in the fact few Americans are aware of the capabilities and extent of the services of modern public and private programs for the physically handicapped. They also are unaware of the nature and extent of disability, of the human and economic loss it imposes, and the great potential for improving the lives of the handicapped through modern comprehensive services. The problem becomes particularly acute when handicapped persons and their distraught families have no knowledge of where to turn when disability strikes.

The lack of knowledge has other dimensions too. Potential employers, consciously or unconsciously, may erect barriers to employment of the handicapped simply because they do not know what the handicapped can do. In another area, it is likely that desperately needed rehabilitation workers could be brought into the field if they were made aware of the rewards for working with the handicapped, and of resources for training in the field.

b. A central, national and regional information reception and distribution network, using modern communications techniques, is needed to provide a source of information at the national, State and local levels regarding services for all handicapped individuals. The network should obtain precise statistical information on the nature and extent of handicapping conditions as they exist in the United States. The provision of information on agency eligibility requirements, contact persons, fees, nature of services, age levels served, and waiting periods would be particularly helpful to the handicapped and those assisting them. The network would also function as a reception center for reporting data regularly on the incidence of handicapping conditions and on the results of services to the handicapped. These data would be especially valuable in the planning and assessment of programs.

The Presidential Advisory Group should give high priority to considering the means of establishing such an information and reporting system.

Funding

The levels, the timing, and the complexities of Federal authorizations and appropriations make advance planning difficult, cause inefficiency in program operations, and impair the provision of services to the handicapped through such Federal programs as vocational rehabilitation, special education, handicapped children, maternal and child health and employment.

a. Appropriations for programs for the physically handicapped should be funded at authorized levels.

Adequate service to the nation's handicapped citizens obviously costs money. Although expenditures for rehabilitation are extremely favorable from a cost-benefit standpoint (there is an estimated return of 5 to 1 for each Federal dollar spent) this does not obviate the need for funds to carry on service programs. The present method of appropriation results in confusion in State agencies and in voluntary agencies receiving Federal funds. Too often, appropriation amounts fall far below author-

ized levels. Funding at authorized levels would provide the support that private and public agencies expected and planned to use for the handicapped when the legislation was originally passed. While appropriation below authorized levels is done for reasons of economy, the net result of such under funding is uneconomic, since unserved handicapped persons impose heavy burdens on future tax payers.

b. Appropriations for programs for the handicapped should be made in advance of the fiscal year in which they are to be used.

In order to provide for continuity of service and the adoption of advanced techniques, it would be beneficial to the State agencies and voluntary agencies receiving Federal funds to have appropriations made sufficiently in advance of the spendable fiscal year.

c. The Bureau of the Budget should study the various funding sources for the numerous programs for the handicapped for the purpose of recommending consolidation, clarification, or elimination where appropriate.

In the past decade there has been a tremendous proliferation of laws permitting the funding of numerous programs for the physically handicapped. Many of these are similar in nature and intent. It is estimated that there are more than 400 such funding sources prevailing at this time within the Federal government. This large number, each with its own guidelines, tends to create massive confusion and much exasperation at the point of program implementation—the State and community level.

d. The Social Security Act should be amended to permit, under Regulations promulgated by the Secretary of Health, Education, and Welfare, an allowance not to exceed five percent of the disability benefit trust fund to be spent for the rehabilitation of disabled beneficiaries.

At present one percent of disability benefits from the trust fund under the Social Security Act can be expended for the rehabilitation of the disability beneficiary. Evidence indicates that the trust fund benefits financially from such expenditure of funds for rehabilitation. However, the one percent limitation causes an insufficiency of funds to finance the rehabilitation services for all the beneficiaries who need and are anxious to accept such services.

* * *

Allotment formulas for the State-Federal matching vocational rehabilitation program relate to known and uniform statistics. The present formula appears satisfactory. To change to a formula based on estimates of categorical disability, numbers of handicapped needing service, or to approved plans for provision of services, would create new and special problems with no assurance of improving the system. Further it would be subject to significant statistical error and special interest pressures.

Special incentives for increased State matching might be used. Means should be explored for experimentation in changing the formula for special areas and needs. For example, an increase might be allowed if it induced the State to provide services in areas of extraordinary need such as ghetto areas. The utilization of reserve funds for such programs might be explored. There should be a restudy in 1970 by the Secretary of Health, Education, and Welfare, with the assistance of an impartial non-federal advisor, of the allotment procedure under the matching formula in order to provide the States with advance information regarding levels of funding. The States need to know well in advance the amounts of Federal funding which will be available, since their planning and budgeting process depends upon such advance information.

Insurance

There is urgent and immediate need for the extension of private insurance coverage to assist the handicapped in all phases of their rehabilitation and to assure adequate personal insurance coverage.

We urge early formation of a National Presidential Task Force composed of insurance representatives, public agency representatives, business management, labor officials, and handicapped persons to evaluate present insurance practices affecting the physically handicapped, define problem areas, and suggest specific solutions. Such a committee should report its findings and recommendations to the President as promptly as possible.

The private inurance system in the United States protects millions of people against loss of life and income, and against disability by reason of accident or illness. Self-insured employers, Blue Cross-Blue Shield, labor welfare plans, and State funds insure additional millions. Although some of the leading companies and other special insuring groups have utilized rehabilitation effectively in selected cases as a means of restoring people

to useful lives and reducing monetary loss, the philosophy of rehabilitation has not yet become an integral part of insurance practice.

There is a need to maximize the use of and payment for rehabilitation services in the routine handling of all claims, under various coverages, involving the handicapped. Restoration should be as important as compensation. Specific reference to and support of rehabilitation efforts should be spelled out in a positive way in those policies and administrative practices dealing with human disablement in any form. Fee schedules, official or unofficial, should make provision for reimbursement to professional rehabilitation personnel and facilities as a necessary part of the expense incident to full restoration of the disabled individual. State insurance regulatory authorities should adopt and enforce review procedures necessary to assure effective rehabilitation by licensed insurance carriers.

There is a basic concern also for necessary provision of adequate personal insurance coverage to handicapped persons, particularly those severely involved or those with long term chronic impairment. Insurance underwriters should not deny coverage on the basis of physical handicap alone. The handicapped should be evaluated on the basis of the same factors applied to the nonhandicapped insurance applicant. Additionally, private coverage should be provided for low incidence disorders or diseases, especially those which occur in the first 14 days of life.

The proposed Task Force to study insurance for the handicapped should explore innovative approaches in serving them. The establishment of a special reserve or federal trust fund, or tax incentives, to assist and encourage the insurance industry to provide coverage to the handicapped could be considered. Indeed, every opportunity for the provision of assistance to the handicapped through private enterprise systems of insurance should be pursued.

Handicapped Children

Adequate attention to the needs of the nation's handicapped children requires better coordination and expansion of existing services. A basic concept in reducing the deleterious effects of impairment is attention to the problem at its earliest stage.

a. The Task Force recommendation above regarding a national commitment for all handicapped, and the creation of a Presidential advisory group for the handicapped should be of great benefit to the handicapped child. In addition, each State should be encouraged to create an advisory

group to assist State agencies in the development of coordinated, exemplary health, educational, social, family, and vocational guidance programs for handicapped children.

The coordination of existing agencies and programs serving physically handicapped children is of vital importance, to avoid duplication and waste of not only money but also highly trained personnel. The services provided to the handicapped child must be designed not only to control the actual physical handicap, but also to control the limitation which the physical handicap imposes on the social, educational, and vocational potential of the child. This means that service must begin before birth and merge smoothly into youth and then into adult programs as the child comes of age.

The Federal government should consider making equal educational opportunity for handicapped children a *real* national priority. Our present commitment to educational opportunity for the disadvantaged is now based on a per-child grant to the nation's schools for each child so defined. A comparable commitment should be made for the handicapped child. No handicapped children should be denied access to elementary and secondary education.

While very severely disabled and multihandicapped children might need homebound teaching, the goal of the educational system should be to put all children in school with their peers when at all possible. This will call for some adjustment of the school environment so that the handicapped can function effectively. It will also frequently require transportation to and from school, and transportation to other areas where children should go to help them grow into interested and responsible adults. Unfortunately, as has been said, it is all too true that "transportation is molded for the perfect."

b. Early detection and management of impairment, training, and family counseling prevent or minimize disability. Federal support should be provided to State and local educational districts to initiate and maintain public and private programs in preschool education of handicapped children.

A cumulative deficit occurs when a child goes untreated. There are discrepancies between the achievements of handicapped children and the achievements of non-handicapped children. Early health care and education tend to prevent or minimize the disability. Prompt initiation of training reduces future costs by lessening the need for special classes in the elementary and secondary schools and by lowering the number of handicapped persons who must be supported for life in institutions or on welfare. Institutionalizing a handicapped child for his life span will cost society at least $180,000 in direct costs, plus the loss of his potential

productivity of many thousands of dollars. For example, a handicapped youth making even $3,000 a year over 40 years would earn $120,000. For every youngster we can prevent from becoming institutionalized and help achieve gainful work, the nation prospers by more than $300,000.

Handicapped children need preschool exposure and adaptation to the demands that schooling and contact with physically normal children will place upon them. This is a critical area of need. Community services for the education of preschool handicapped children in the United States are either non-existent (in most areas) or too few (in a number of others). Federal support and leadership can influence the State and local school districts throughout the country to initiate and maintain public and private programs in preschool education of the handicapped child.

c. Success of health care and training of a handicapped child depends to a great extent upon the attitude of the parents or those who substitute for the parents. So that parents may make a maximum contribution to the emotional, physical, and educational growth of their handicapped child, we urge that programs be developed and supported which will provide parents, or their substitutes, with an understanding and acceptance of the child's handicap and provide training in methods of care, education, and rehabilitation of the child.

All learning begins at birth. Everything a child sees, hears, tastes, touches, and smells, everything he experiences contributes to it. What he learns during his preschool years is dependent primarily upon his environment and the people in it—his parents or those who substitute for the parents.

The child's ability, and later on the man's ability, to adjust to life and to his particular problem, to live with himself and with others, is always in some measure—often in large measure—dependent upon this early warmth and security, this love, support, and understanding. During these impressionable, imitative, habit-forming years, all children accumulate not only a great assortment of facts, along with some fancies, but, inevitably, they develop attitudes which they carry—and which may carry them—through life.

d. The needs for vocational education of handicapped youth are so great and the opportunities still so limited that attempts should be made to accelerate and support the participation of Federal, State, and local governmental agencies as well as private facilities in vocational education programs for handicapped youth.

Vocational education opportunities have not been sufficiently available for handicapped youth, and these have been inadequate efforts to relate the needs of handicapped youth to the traditional systems of

vocational education. The Vocational Education Amendments of 1968 now require that certain monies be used for the benefit of the handicapped. This is very important but it will not solve all the problems inherent in vocational education of the handicapped youth.

Also, if vocational education efforts are to have successful outcomes, vocational rehabilitation knowledge and skill should be brought into school programs at the secondary school level, or earlier if possible. This will mean that physical restoration and other vocational rehabilitation services may be furnished to all youth who need them in order to assure that the transition from youth to adulthood is accomplished without interruption in necessary services.

e. The term "crippled children" as traditionally used in governmental programs is too limited in its meaning and has undesirable connotations. Present day services to "crippled children" should include far more impairment categories than ever before. The term "handicapped children" should replace the term "crippled children" in such programs. The Federal legislation relative to Crippled Children's Services (Title V of the Social Security Act) should be amended to replace the term "crippled children" with "handicapped children."

f. In order to ensure national uniformity of eligibility for service, the Federal legislation relative to Crippled Children's Services (Title V of the Social Security Act) should include a specific definition of the "crippled child" ("handicapped child" as stated in recommendation *e* above) that would be mandatory upon the States, and a statement of minimal services that must be available to the "crippled child" to qualify for Federal funds.

There is little uniformity among the States in the classes of handicapped children eligible for Crippled Children's Services and in the scope of services available to such children. Services should be extended to all children, rural and urban alike, throughout the entire country.

g. The White House Conference on Children and Youth scheduled for December 1970 should consider the problems of physically handicapped children and youth, and the services they need.

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Recommendation Number 10 on Prevention in this report calls attention to the importance of reducing the incidence and severity of handicapping conditions in children through appropriate prenatal and mater-

nal care, the early detection and management of impairments, and the prompt provision of services for handicapped children.

Architectural and Transportation Barriers

Architectural and transportation barriers continue to be a major impediment to the mobility of the handicapped.

a. There should be rigorous enforcement of present legislation for the elimination of architectural barriers from all Federally funded construction.

Unnecessary obstacles to their mobility bar the physically handicapped from most of the places they need or want to go. The child in a wheelchair or braces who cannot get in to the neighborhood school because of its design must go to a special school or be taught at home. The disabled young student cannot go to college or technical school, because he cannot get into the buildings or has problems with transportation. The elderly person cannot get to church because of the many steps at the entrance. The disabled housewife cannot keep house because of the way houses and kitchen equipment are designed. Handicapped adults of working age are kept dependent—even though they may have received expensive training—because suitable employment is often impossible due to architectural barriers in office buildings and factories, or in the transportation system. Steps and narrow aisles keep the handicapped from theaters, stadia and restaurants. Revolving doors bar them from public buildings. Public toilet stalls are too narrow. Telephones and water fountains are too high for them to reach.

The Task Force is seriously concerned about the growing numbers of handicapped persons whose activities are limited, because of barriers in buildings, transportation systems, housing and recreation areas—especially when we know that a barrier-free environment can be achieved that would permit many handicapped people to work and lead productive lives. Inexpensive changes in design could make new buildings accessible and usable. This is particularly important in view of the unprecedented amount of new building construction that is anticipated in the next decade. Changes in design of the new rapid transportation systems could make a great deal of difference in the lives of the disabled, and many existing buildings could be made accessible without great cost.

b. There should be established, through legislation if necessary, a National Commission on Transportation and Housing of the Handicapped, to study ways and means of alleviating the burdens of increased

costs and inaccessibility imposed upon persons with severe handicaps in travel, housing, and in places of employment, schools, and public buildings.

Although recent legislation requires that new buildings constructed for the Federal government be made accessible to the disabled, State legislation needs to be tightened to bring about better enforcement of existing standards and to cover more types of buildings and facilities. For example, most State legislation does not cover transportation facilities whether or not they are supported by public funds.

The Task Force believes that education, legislation and voluntary effort by citizens in their communities are all needed to bring about these desired changes. An educational campaign about the problems and solutions is needed not only for the general public but for those involved in building construction and equipment manufacturing.

c. A Federal Interdepartmental Coordinating Council should be created to unify and pursue aggressively the Federal effort to eliminate architectural and transportation barriers and thus complement the activities of the National Commission.

The Task Force suggests that the Federal Interdepartmental Coordinating Council should consist of representatives from the Department of Transportation, the Department of Health, Education, and Welfare, the Department of Housing and Urban Development, the Department of Labor, and the Interstate Commerce Commission.

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The National Commission on Transportation and Housing of the Handicapped and the Federal Interdepartmental Coordinating Council would complement each other, one taking a national overview and the other concentrating on possible action by the Federal government. These serious problems should also be brought to the attention of the Presidential Advisory Group on the Handicapped when it is established.

Research

Continuing research promotes and perpetuates progress in all areas of accomplishment for the handicapped. It is essential to minimize the time lapse between conducting studies and translating the useful results

of such studies into action on behalf of the handicapped. There is urgent need, too, to increase research on the problems of improving the delivery of quality services to the handicapped.

a. An intensive effort should be made to put into practice, on a wide scale, those innovative approaches to service for the handicapped which have proven successful on an experimental basis.

There have been remarkable advances in research in all areas of concern to the handicapped within the past two decades. In medicine, for example, through research ways have been found to permit a person with an amputated leg to walk on an artificial leg within three days after surgery. This example could be multiplied many times by citing research breakthroughs in such areas as special education, employment of the handicapped, new ways of delivering services, new prosthetic and orthotic devices, and better ways of serving people with severe disabilities.

In general, research is a way to study the transition of the handicapped person from the sick role to the well role, and from utter dependence to independent living in the community. Although much has been accomplished, much remains to be done. There are still elements of the rehabilitation process, e.g., how to motivate clients, how best to serve the disadvantaged, about which we know virtually nothing. Research programs must be mounted across a broad spectrum, including primary and secondary prevention of disability such as the prevention of automobile accident crash injuries; proper industrial, highway, home and recreation area emergency care; maternal health care; means of early recognition of disability-producing injuries, and definitive methods of treatment; preschool, primary, secondary, and special educational procedures; vocational education and vocational rehabilitation techniques.

Even where sound knowledge has been accumulated by research there is a large gap between the existence of that knowledge and its translation into service to the disabled. Too many important research results are hidden away in reports that few people see, and the Task Force urges that immediate steps be taken to provide for systematic dissemination of research findings. A National Clearing House should be established for the collection and dissemination of information about the types of current research projects and the results of research regarding all phases of care and services to the handicapped, including innovative administrative procedures.

b. The present International rehabilitation research programs should be expanded to increase the dollar amounts of these programs in countries presently participating; and the feasibility of extending this program into selected nonexcess foreign currency countries should be explored.

The Task Force noted the accomplishments of the present International rehabilitation research programs and recommends that they be expanded and extended. These Federally sponsored programs have resulted in cooperative rehabilitation research projects of great mutual benefit to the United States and foreign countries. They are financed by "counterpart" funds, or foreign currencies owned by the United States in foreign countries as a result of our sale of surplus agricultural commodities to other nations. The United States agrees to accept the foreign national currencies in payment for this food. These currencies are then used to support the local costs of our embassies, consulates, and a wide variety of activities for which we would otherwise be spending dollars. In countries where the supply of such currencies is in excess of the U.S. Government's "normal" needs, some of the excess funds are made available for the support of research and demonstration projects in rehabilitation. The program benefits disabled persons everywhere by adding to our knowledge. It also has the significant effect of bringing the people of the world closer together.

Aging—The Handicapped Elderly

One of the major challenges of our time is to enable older Americans to participate in the many benefits of a prosperous nation. For those members of the population that are both old and disabled the task is particularly difficult.

Among the elderly, chronic and degenerative conditions are the norm rather than the exception. Unfortunately, for older people, the care received in hospitals and other institutions is largely acute or custodial rather than rehabilitative. Old people who require only limited care find themselves caught between the regulations of Federal and State programs, because the programs are based largely on institutional requirements rather than a spectrum of personal needs. The only feasible alternative is greater stress on rehabilitation services which, if they were provided, would permit many older people to lead lives of greater independence and dignity.

a. Medicare should be extended to include the cost of prescription drugs, eye care, hearing aids, orthotic and prosthetic appliances, wheelchairs, and other assistive devices.

The extension of Medicare benefits would relieve the aged of a heavy financial burden, would enable more of the aged to remain in their homes for care and rehabilitation, and would emphasize the handicap

prevention aspects of medical care to a greater degree. Though many older Americans have some protection against health care costs through Medicare, major health costs, which constitute a serious impediment to independent living, still confront the aged and require immediate amelioration.

b. Governmental programs such as Medicare and Medicaid should provide reimbursement to a greater extent for rehabilitation services, and require more comprehensive rehabilitation services in hospitals and nursing homes as a condition for participation in the program.

Rehabilitation of the aged will not be successful unless the financial incentives for rehabilitation are as great as the inducement to provide lower cost custodial care. Similarly, expansion of the home health services program would permit older persons to remain in their own homes. The Department of Health, Education, and Welfare might devise a program for recommendation to Congress that would permit an intermediate form of Medicare which would recognize to a greater degree the more general medical needs of older people other than post-hospital recuperation. This program should focus on providing a wide array of social, medical and rehabilitation services in a community setting which would enable older people to regain or retain their ability to live independently. Homemaker services, "meals on wheels," visiting and telephone services are examples of services that would assist many of the aged to remain in the comfort of their homes.

c. The Social and Rehabilitation Service Administration, U.S. Department of Health, Education, and Welfare, should be urged to provide leadership in the expansion and intensification of rehabilitation services to the older handicapped population.

The older handicapped person needs modern, comprehensive vocational rehabilitation services in order to secure gainful employment or a greater degree of self-help and independence.

d. The White House Conference on Aging scheduled for 1971 should consider rehabilitation of the aging as one of its major themes.

The 1971 White House Conference on Aging should consider rehabilitation of the aging as an essential step toward the creation of a successful rehabilitation program for the disabled aged. The Conference should be an excellent medium not only for creating public awareness but also for stimulating action.

e. Employment of handicapped older persons should be encouraged through public education, and cooperative efforts with private industry.

A major deterrent to successful rehabilitation of older workers is the ingrained resistance of employers toward hiring workers who are both

old and disabled. There is a need for an educational program to prove that industry can profit by employing the handicapped older worker. Incentives to induce employers to hire older, disabled workers may also help break down this barrier.

Discrimination in employment for the aging handicapped should be prohibited in the same manner that the law prohibits discrimination because of age, when an older disabled worker is capable of handling the job applied for.

There should also be greater utilization of parttime and temporary employment opportunities for the aging disabled who need and desire work.

Prevention

It is essential that greater progress be made in preventing disability, and in reducing the handicapping effect of disabling conditions. Early detection and prompt treatment of congenital and developmental defects, education in public safety, and the reduction of industrial hazards are but a few areas in which intensified efforts must be made.

a. Early casefinding and initiation of service minimize the development of severe handicaps. The Department of Health, Education, and Welfare, should exert leadership in devising means of early detection of disabling conditions through cooperative efforts with schools, hospitals, health professions, and voluntary agencies.

Consideration might be given to the development of a reporting system, particularly by hospitals, schools, and children's clinics at the State level. There is a definite need for prompt reporting of severe disability which may be expected to endure.

b. The mitigation of birth injury in the education of new mothers regarding the importance of early care for the impaired infant can be assisted through continued and expanded maternal and child health programs of both governmental and private agencies.

Prevention of disability and chronic disease means an intensification of efforts to provide needed services during the pre- and post-natal periods and the early years of life. Far too many handicapped children slip into adolescence and adulthood without proper ameliorative services.

c. Emphasis should be placed on safety programs and the improvement of emergency care to accident victims in industry, the home, on the highways and in recreational areas. This would reduce the number of handicapped people in the future.

Trauma is a leading cause of impairment through age 37. As long as highways are crowded and homes can be accident havens, the number of handicapped individuals will continue to mount. Thus, action to reduce the incidence of accidental injury could be an effective preventive measure. In addition to increased professional activities, volunteer programs can help mobilize public awareness of safety.

d. Further effort should be made to assure that professional and public educational programs include information on the importance of the detection of handicapping conditions and early initiation of rehabilitation procedures.

Manpower

The Task Force review of projected manpower needs was based on information received from many different sources. It seems unrealistic to expect that such large projected needs for professional and paraprofessional personnel can be met in the near future. Therefore, educational efforts require special priority and experimentation in the utilization of personnel. The usage of paraprofessional personnel should also be expanded.

a. The Federal Government should encourage all agencies, governmental and private, to reexamine the projected needs and present utilization of professional and paraprofessional manpower. This reexamination should also consider means of assuring the most efficient use of personnel and should study concurrently the feasibility of greater use of paraprofessional personnel.

Candidates and programs for training in every professional and paraprofessional group serving the handicapped are limited in numbers. Manpower shortages in those fields serving the handicapped are critical and it is urged that existing governmental programs designed to assist in the education of such personnel be maintained at least at authorized levels.

In view of the limited supply of personnel over the foreseeable future, it seems important for the government to take strong leadership in the development of realistic projected manpower requirements which more closely reflect actual levels of supply. To assist in the accomplishment of this goal the government should arrange a conference with representatives of professional and paraprofessional groups, facilities for the handicapped, and educational institutions training such personnel.

b. Voluntary and community workers, as well as members of the handicapped person's family, should be utilized extensively to assist in providing services to the handicapped.

These groups of individuals if properly trained and placed can be most effective. Present Federal and private efforts to generate community volunteer programs and train local workers who identify well with the handicapped in their own community should be of particular benefit to the handicapped.

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The above recommendations are areas of high priority and should be the subject of early intensive consideration by the Presidential Advisory Group on the Handicapped.

Facilities and Programs

Facilities and programs of many diverse types are indispensable resources in providing health, training, evaluation, special educational, social and other services to the physically handicapped.

a. There is need for more intensive utilization of existing facilities and programs and the creation of additional service facilities and special programs. Decisions regarding the establishment of various types of facilities and services should be based on demonstrated community, State, or regional needs.

Programs and facilities for the handicapped provide a wide range of services including diverse activities such as diagnosis and treatment, physical restoration, vocational training, special and vocational education, social service, sheltered employment, and vocational counseling and placement. They provide a means of assisting the handicapped who otherwise could not be rehabilitated effectively. There is need to develop additional comprehensive rehabilitation centers and programs to provide such services.

The Task Force recognizes the need for special service programs for certain categories of the severely disabled. Many services for these disability groups can, however, be provided in existing comprehensive facilities.

Certain disabilities such as spinal cord injury, epilepsy, kidney, deaf-blind, and respiratory disorders to mention but a few, occur with less frequency than other disabilities. Nevertheless, persons suffering from these disabilities require highly specialized services of a comprehensive nature that often may not be available in general hospitals or in traditional rehabilitation centers. Such specialized disability centers when developed should cover a geographical area of sufficient size to warrant the center.

Comprehensive and specialized rehabilitation centers and programs, in addition to providing direct service to the handicapped, can demonstrate the application of new knowledge to the rehabilitation of the handicapped, and can serve as consultative and training resources in the geographic region.

b. Employment and training opportunities for the handicapped can be increased by encouraging the expansion of sheltered workshop programs operated with the close support and cooperation of industry.

The Task Force recognized the investment industry has made in training employees and the value of such trained employees to the employer. It is good business to assure that an employee's knowledge and skills are not lost if he becomes disabled.

The assistance of industry in developing good management practices, and varied work experience and training programs have been and can continue to be a valuable tool in helping the handicapped. Accordingly the Task Force urges that incentives be provided to industries which support the community in the development and operation of sheltered workshops.

Industry should be encouraged to consider innovative approaches such as the establishment of sheltered workshops within the industrial complex. These might be operated in cooperation with non-profit agencies on the company's own premises or at a nearby location. This arrangement would provide a setting for work evaluation, personal adjustment, vocational training, and part-time sheltered employment for both youthful and elderly handicapped workers. Such workshops could be open to the industry's own employees as well as other handicapped people in the community.

The above two recommendations cover areas of critical importance and should be the subject of early study by the Presidential Advisory Group on the Handicapped when it is created.

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Employment of the Physically Handicapped

A major national goal must be to assure handicapped persons the opportunity for employment at a level commensurate with their abilities. This level may be employment in competitive business and industry, in a workshop, in a homebound situation or in homemaker activities. More than money, security and material benefits, a job means dignity, self-respect and a sense of contributing to society.

a. Steps should be taken by government, labor and industry to expand and upgrade homebound employment and sheltered workshop programs for the severely handicapped. There should be a comprehensive review of home work laws in the various States with a view to revising those laws that inhibit or interfere with productive homebound employment.

Many severely disabled persons are unable to work in competitive employment or even in sheltered workshops. The nature and extent of their disabilities, and architectural or transportation difficulties often prohibit it. Yet many of these persons retain abilities and functions that can be put to productive use in their own homes, and still others could engage in homebound employment following appropriate training.

Development of adequate homebound employment programs is often difficult. Funds for special equipment are necessary and special help is needed for marketing the products or services of homebound persons. Skilled, imaginative counselors are necessary to guide, direct, and encourage the handicapped person as he embarks on a career of homebound employment. Beyond this, sometimes there are arbitrary barriers to successful homebound programs. An example would be the home work laws of some States which, through their wage and hour provisions, make homebound employment virtually impossible. These laws can be modified to encourage such employment without endangering protection against exploitation of homebound workers.

Recognizing the significance of homebound employment to the severely disabled, the Task Force strongly urges that steps be taken by private industry and organized labor, working with the Social and Rehabilitation Service Administration, to expand and upgrade these programs in all States.

b. More on-the-job training opportunities for the physically handicapped should be made available in manpower training programs within public employment and private industry through government-sponsored incentives.

While current efforts by private industry, State vocational education and rehabilitation agencies, and other public and private institutions to provide vocational training for the physically handicapped have been

commendable, there is a need for substantial expansion in this type of activity.

Within recent years the Department of Labor has developed a nationwide network of excellent training programs to prepare unskilled persons for entry into the job market. While recognizing the effectiveness of these programs, the Task Force notes that only a very small proportion of training slots have been allocated to the physically handicapped, and urges that steps be taken to make these programs available to a much greater number of the disabled.

The Federal government, through tax incentives or other forms of subsidy, should encourage private industry to increase vastly the number of training programs and job placements for the physically handicapped.

c. Steps should be taken at a high Federal level to improve cooperation between Federally supported State employment and State rehabilitation agencies in order to ensure effective job development and job placement for persons who are severely physically handicapped.

Many agencies, public and private, and many individuals are engaged in helping the handicapped find and keep jobs. The Task Force noted particularly the commendable efforts of the President's and Governors' Committees on Employment of the Handicapped, the State employment service and vocational rehabilitation agencies, and the activities of many private agencies concerned with employment of the disabled. These efforts should be continued at least at present levels, and augmented where possible.

But, as in so many other areas of service to the handicapped, placement services tend to be overlapping and fragmented. A good example is seen in the relationship between State rehabilitation and State employment service agencies with regard to job placement for the handicapped. The State employment agencies have as their primary mission the securing of employment for all persons who seek services from the agency. On the other hand, State vocational rehabilitation agencies, by regulation, are charged with responsibility for placing their handicapped clients in gainful employment. Thus, cooperation between the two agencies would seem to be not only natural but also absolutely necessary; and, in fact, each State has an agreement calling for joint efforts by the two agencies on behalf of handicapped persons. In some States this cooperation is excellent, but in others there is a definite need for improvement.

The services of a vocational rehabilitation counselor and of an employment service specialist in placement of the handicapped should be available in each employment service office. In addition, rehabilitation counselors should be assigned, on an itinerant basis if necessary, to State

workmen's compensation commissions, general hospitals, welfare agencies, to large employers, and to other appropriate institutions in order to expedite case finding and the early initiation of rehabilitation services.

The Task Force therefore believes that a nationwide effort should be initiated immediately to make cooperation between these two programs more effective.

d. The State workmen's compensation laws should be studied to learn the extent to which present laws create barriers to the employment of the handicapped, and appropriate amendments developed to reduce such barriers.

Even though the second injury section in some State workmen's compensation acts requires the employer to pay only for the disability resulting from the second injury, the employer may still be held totally liable if a second injury impairment combines with a pre-existing impairment to result in permanent and total diability. Thus, in order to encourage employers to hire job applicants who have physical disabilities, the employer needs some protection against increasing his risk for potentially high claims.

Since the absence of an adequate subsequent injury fund may constitute a barrier to the employment of qualified job applicants who have physical disabilities, State workmen's compensation laws should include adequate provision for subsequent injury funds. These funds should have broad coverage and include employees with physical impairment resulting from a previous accident, disease, or congenital condition which may be an obstacle to his employment. Provision should be made for the adequate financing of subsequent injury funds, and their full utilization should be encouraged through public education programs.

Administrators of State workmen's compensation agencies should be encouraged to refer all claimants for benefits who have been disabled beyond 30 days to the State vocational rehabilitation agency. There is a need for developing improved cooperative arrangements between these agencies so that workmen's compensation claimants with permanent impairments will receive prompt and comprehensive rehabilitation services.

Other Major Areas

To meet the national commitment to serve all the handicapped people in the United States, the following additional recommendations are submitted.

a. The Vocational Rehabilitation Act should be amended to extend rehabilitation services to include all disabled persons regardless of the severity of impairment or their potential for employment.

Persons benefiting from this change would include those with little or no vocational potential, because of multiple or severe disability. This would enable such severely disabled people to attain an optimal level of functioning, and thus perform effective self-care activities, engage in limited part-time work, and community or homemaker activities.

The Presidential Advisory Group on the Physically Handicapped should explore the means of effecting this legislative change and make recommendations regarding its administration and implementation, as well as the implications and costs involved in this extension of services.

b. Physically handicapped individuals drawing social security disability benefits can have far greater need for health services than the average American and they usually have less private resources, including insurance coverage. Medicare should be extended to individuals who are receiving cash disability benefits under the Social Security Act.

c. The aid to the permanently and totally disabled Title of the Social Security Act does not adequately define "permanent and total disability." This Title should contain a definition which will ensure uniform State interpretation of eligibility for benefits.

The aid to the permanently and totally disabled Title of the Social Security Act provides Federal funds to the State welfare programs for financial assistance to indigent persons who are permanently and totally disabled. An adequate definition is desirable in order to assure national uniformity in eligibility requirements for this assistance. Leaving the definition to the States results in a wide variety of definitions. This is confusing and makes comparison of State programs difficult. A permanently and totally disabled person should have comparable benefits in all of the States, especially if in the future the Federal government is going to assume responsibility for national minimum welfare payments.

It was noted that this Title precludes benefits to disabled children under age 18, and neither is there provision for benefits for disabled children under the Aid to Families with Dependent Children Program (since eligibility is based on the economic status of the parent rather than the existence of disability in the child). In the interest of the welfare of physically handicapped children, benefits should be extended to them.

U.S. GOVERNMENT PRINTING OFFICE: 1970 O—389-269